

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/830515	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/					51			
2		/				52			
3	/					53			
4	/					54			
5		/				55			
6	/					56			
7		/				57			
8		/				58			
9		/				59			
10		/				60			
11		/				61			
12		/				62			
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41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	5					TOTAL IND.			
TOTAL DEP.	8	↔	↔	↔	↔	TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	13	↔	↔	↔	↔	TOTAL CLAIMS	↔	↔	↔